

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015299

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2364**

STATE FILE NUMBER

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **KANSAS CITY**

Length of stay in 1b
73 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VA HOSPITAL, K.C., MO.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **JACKSON**

c. CITY OR TOWN **LEE'S SUMMIT**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
RR #2

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

HENRY

CLIFFORD

KABRICK

4. DATE OF DEATH

Month **APRIL**

Day **26**, Year **1962**

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-4-26

9. AGE (last birthday)

36

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY
Custodian

11. BIRTHPLACE (City and state or country)
GRAIN VALLEY, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

PARNELL Kabrick

13b. MOTHER'S MAIDEN NAME

ELIZABETH FLYNN

14. NAME OF HUSBAND OR WIFE

RUTH KABRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES WW II

16. SOCIAL SECURITY NO. **[REDACTED]**

17. INFORMANT

Official Records VA Hospital, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Astrocytoma, xtg grade II of right fronto-parietal region of brain**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from **2-6-62** to **4-26-62** and **1/18/62** **1/19/62** **1/20/62** **1/21/62** **1/22/62** **1/23/62** **1/24/62** **1/25/62** **1/26/62** **1/27/62** **1/28/62** **1/29/62** **1/30/62** **1/31/62** **2/1/62** **2/2/62** **2/3/62** **2/4/62** **2/5/62** **2/6/62** **2/7/62** **2/8/62** **2/9/62** **2/10/62** **2/11/62** **2/12/62** **2/13/62** **2/14/62** **2/15/62** **2/16/62** **2/17/62** **2/18/62** **2/19/62** **2/20/62** **2/21/62** **2/22/62** **2/23/62** **2/24/62** **2/25/62** **2/26/62** **2/27/62** **2/28/62** **2/29/62** **2/30/62** **3/1/62** **3/2/62** **3/3/62** **3/4/62** **3/5/62** **3/6/62** **3/7/62** **3/8/62** **3/9/62** **3/10/62** **3/11/62** **3/12/62** **3/13/62** **3/14/62** **3/15/62** **3/16/62** **3/17/62** **3/18/62** **3/19/62** **3/20/62** **3/21/62** **3/22/62** **3/23/62** **3/24/62** **3/25/62** **3/26/62** **3/27/62** **3/28/62** **3/29/62** **3/30/62** **3/31/62** **4/1/62** **4/2/62** **4/3/62** **4/4/62** **4/5/62** **4/6/62** **4/7/62** **4/8/62** **4/9/62** **4/10/62** **4/11/62** **4/12/62** **4/13/62** **4/14/62** **4/15/62** **4/16/62** **4/17/62** **4/18/62** **4/19/62** **4/20/62** **4/21/62** **4/22/62** **4/23/62** **4/24/62** **4/25/62** **4/26/62** **4/27/62** **4/28/62** **4/29/62** **4/30/62** **5/1/62** **5/2/62** **5/3/62** **5/4/62** **5/5/62** **5/6/62** **5/7/62** **5/8/62** **5/9/62** **5/10/62** **5/11/62** **5/12/62** **5/13/62** **5/14/62** **5/15/62** **5/16/62** **5/17/62** **5/18/62** **5/19/62** **5/20/62** **5/21/62** **5/22/62** **5/23/62** **5/24/62** **5/25/62** **5/26/62** **5/27/62** **5/28/62** **5/29/62** **5/30/62** **5/31/62** **6/1/62** **6/2/62** **6/3/62** **6/4/62** **6/5/62** **6/6/62** **6/7/62** **6/8/62** **6/9/62** **6/10/62** **6/11/62** **6/12/62** **6/13/62** **6/14/62** **6/15/62** **6/16/62** **6/17/62** **6/18/62** **6/19/62** **6/20/62** **6/21/62** **6/22/62** **6/23/62** **6/24/62** **6/25/62** **6/26/62** **6/27/62** **6/28/62** **6/29/62** **6/30/62** **7/1/62** **7/2/62** **7/3/62** **7/4/62** **7/5/62** **7/6/62** **7/7/62** **7/8/62** **7/9/62** **7/10/62** **7/11/62** **7/12/62** **7/13/62** **7/14/62** **7/15/62** **7/16/62** **7/17/62** **7/18/62** **7/19/62** **7/20/62** **7/21/62** **7/22/62** **7/23/62** **7/24/62** **7/25/62** **7/26/62** **7/27/62** **7/28/62** **7/29/62** **7/30/62** **7/31/62** **8/1/62** **8/2/62** **8/3/62** **8/4/62** **8/5/62** **8/6/62** **8/7/62** **8/8/62** **8/9/62** **8/10/62** **8/11/62** **8/12/62** **8/13/62** **8/14/62** **8/15/62** **8/16/62** **8/17/62** **8/18/62** **8/19/62** **8/20/62** **8/21/62** **8/22/62** **8/23/62** **8/24/62** **8/25/62** **8/26/62** **8/27/62** **8/28/62** **8/29/62** **8/30/62** **8/31/62** **9/1/62** **9/2/62** **9/3/62** **9/4/62** **9/5/62** **9/6/62** **9/7/62** **9/8/62** **9/9/62** **9/10/62** **9/11/62** **9/12/62** **9/13/62** **9/14/62** **9/15/62** **9/16/62** **9/17/62** **9/18/62** **9/19/62** **9/20/62** **9/21/62** **9/22/62** **9/23/62** **9/24/62** **9/25/62** **9/26/62** **9/27/62** **9/28/62** **9/29/62** **9/30/62** **10/1/62** **10/2/62** **10/3/62** **10/4/62** **10/5/62** **10/6/62** **10/7/62** **10/8/62** **10/9/62** **10/10/62** **10/11/62** **10/12/62** **10/13/62** **10/14/62** **10/15/62** **10/16/62** **10/17/62** **10/18/62** **10/19/62** **10/20/62** **10/21/62** **10/22/62** **10/23/62** **10/24/62** **10/25/62** **10/26/62** **10/27/62** **10/28/62** **10/29/62** **10/30/62** **10/31/62** **11/1/62** **11/2/62** **11/3/62** **11/4/62** **11/5/62** **11/6/62** **11/7/62** **11/8/62** **11/9/62** **11/10/62** **11/11/62** **11/12/62** **11/13/62** **11/14/62** **11/15/62** **11/16/62** **11/17/62** **11/18/62** **11/19/62** **11/20/62** **11/21/62** **11/22/62** **11/23/62** **11/24/62** **11/25/62** **11/26/62** **11/27/62** **11/28/62** **11/29/62** **11/30/62** **12/1/62** **12/2/62** **12/3/62** **12/4/62** **12/5/62** **12/6/62** **12/7/62** **12/8/62** **12/9/62** **12/10/62** **12/11/62** **12/12/62** **12/13/62** **12/14/62** **12/15/62** **12/16/62** **12/17/62** **12/18/62** **12/19/62** **12/20/62** **12/21/62** **12/22/62** **12/23/62** **12/24/62** **12/25/62** **12/26/62** **12/27/62** **12/28/62** **12/29/62** **12/30/62** **12/31/62**

Death occurred at **3:35 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T. J. FRITZLEN, M.D. T J Fritzlen M.D.

22b. ADDRESS

VA Hospital, K.C., Mo.

22c. DATE SIGNED

4-26-62

23a. BURIAL; CREMATION; REMOVAL (Specify)

Removal

23b. DATE

April 28, 1962 Holliness Cemetery

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Jackson County Missouri

24. FUNERAL DIRECTOR

ADDRESS **Missouri**

25. DATE RECD. BY LOCAL REG.

4-30-62

26. REGISTRAR'S SIGNATURE

Ruth Long

Langsford Funeral Home, Lee's Summit

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

8890-08-08A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed N. B. Langford Jr.

Licensed Embalmer No. 4962

P. O. Address Lee's Summit Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.